**Box 3 – Healthy City development plans - examples**

Modern city planning should be integrated; consistent; coherent; firmly based on core values such as equity, sustainability, health and social development; and involving the contribution of several sectors and an active community.

A city health development plan should be at the core of systematic efforts to improve the health of a city’s population. Although intersectoral planning is an important element of the CHDP process, it is also one of the biggest challenges. Health, sustainable development and equity should be visible, bold values in policy documents addressing the future of the city. Operational plans will describe programmes and policies in specific theme areas and how these policies will be implemented. They may also include specific lists of activities, with financial and investment information.

**Copenhagen** pioneered one of the first CHPs during phase II of the WHO Healthy Cities project (1993–1997). The proposal covers the years 2000–2004. The **operational part** of the proposal develops the previous CHP with a matrix of levels (individual, community, environment) and themes (such as tobacco and exercise) and settings (such as communities and schools). The strongest operational elements – such as action on alcohol, nutrition and tobacco – are to some extent within the executive competence of the health administration. The proposal includes programme summaries on urban renewal and environmental protection that are elaborated in other operational plans such as the city traffic and environment plan.

**Seixal** is part of the Lisbon Metropolitan Area in Portugal and includes approximately 150 000 inhabitants. Over the past two decades its social and economic life has been transformed and the population has quadrupled. The health development plan of the municipality of Seixal covers the period 1998–2002. The **strategic approach** is to focus on key determinants of health identified by the inquest. These require intervention by a number of sectors. Strategic objectives are to improve social and economic circumstances, improve the quality of urban life, improve housing conditions, promote healthy lifestyles and provide better health care services.

Most of the document is devoted to **operational plans** designed to meet these strategic objectives.

**Stoke-on-Trent** is a significant industrial city in the middle of England. The population of

250 000 has experienced relatively high levels of poverty and poor health. Sharpening the Focus on Health: A City Health Development Plan for Stoke-on-Trent covers the

period 1999–2002.the **vision** for Stoke-on-Trent: communities are thriving; health

inequalities are being reduced and different sectors are working together. Three **strategic objectives** are linked to each vision statement. They influence the strategic programmes to tackle the determinants of ill health that form the main body of the report. Determinants range across a number of key sectors: lifestyle, economic development, education, poverty, environment, crime and transport.

Source: WHO – City health developing planning, a working tool at: <http://www.euro.who.int/document/e85866.pdf>